mecadey			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELI	IVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature	☐ Agent	
	XKEVIN TAYLOR	☐ Addressee	
	B. Received by (Printed Name)	C. Date of Delivery	
of off the none it states sometimes.	ddress different from iter	n 1? 🔲 Yes	
1.111111111111.11	r delivery address below	w: 🗆 No	
	.**		
HSBC Finance Corporation			
2700 Sanders Road			
Prospect Heights, IL 60070			
- ·	Certified Mail Express Ma	il	
~		eipt for Merchandise	
(- 1 Doo E - 21 on			
3:060491+MEF (Summ + DOC1,5,16,21,22	4. Restricted Delivery? (Extra Fee)	☐ Yes	
2. Article Number	160 0001 2962 1485		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			
	•		

·	name				
SENDER: COMPLETE THIS SE	CTION	C	OMPLETE THIS	SECTION ON DE	LIVERY
■ Complete items 1, 2, and 3. Alitem 4 the Restricted Delivery is ■ Print your name and address of so that we can return the card	desired. on the reverse	X	FIOLIS	TAYLOR CLOHEE	☐ Agent ☐ Addressee
Attach this card to the back of		[B.	Received by (Printed Name)	C. Date of Delivery
		**************************************	 di	ress different from ite	em 1? Yes
1,11,11,11,1,111,1		* <u>2</u>	0	elivery address belo	ow: 🗆 No
Household Finance		on III			
2700 Sanders Roa	d	3			
2/00 Sanders Roa	u u 60070				
Prospect Heights,	L 60070	-			
÷ .		3.	Service Type	_	
			Certified Ma		
	. 44	. 1	☐ Registered ☐ Insured Ma		ceipt for Merchandise
Surums t	Doe 1,5,16,2	1,72			——————————————————————————————————————
3:060191-MEF (Austrer DI	12/16		Hestricted Del	very? (Extra Fee)	☐ Yes
Asticle Number					
(Transfer from service label)	7005	7760	0007 S.	162 1492	\
PS Form 3811, February 2004	Domesti	ic Return F	Receipt		102595-02-M-1540

mcraday			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, Illulialimin	A. Signature X X Agent Addressee B. Repaired by (Parted Name) C. Date of Delivery 2-/-07 ress different from item 1? Yes elivery address below: No		
3:.0009 Summ + DOC.1,5,16,21,22 2. Article Number 7005 (Transfer from service label)			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			